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ANNUAL MESSAGE

OF

ENJAMIN J. BALDWIN, M. D.,

PRESIDENT OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA,

Montgomery, April 12th, 1892.

CONTAINING

STATISTICAL TABLES OF ENTIRE NUMBER OF PHYSICIANS IN EACH COUNTY, REGULAR AND NON-REGULAR; NUMBER EXAMINED AND REJECTED BY THE COUNTY AND STATE EXAMINING BOARDS; NUMBER OF GRADUATES OF EACH COLLEGE PASSED AND REJECTED, ETC.

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THE ANNUAL MESSAGE OF THE PRESIDENT,

BENJAMIN JAMES BALDWIN, M. D.,

DELIVERED BEFORE THE

COUNSELLORS AND MEMBERS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

MONTGOMERY, APRIL 12th, 1892,

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THE ANNUAL MESSAGE OF THE PRESIDENT.

BENJAMIN JAMES BALDWIN, M. D., MONTGOMERY.

Senior Counsellor and member of the Board of Censors and Committee of Public Health of the Medical Association of the State of Alabama.

[REPRINTED FROM THE PROCEEDINGS.]

To the Counsellors and Members of the Medical Association of the State of Alabama:

It is proper that we should be impressed with feelings of gratitude to Him who "ruleth all things" that we are permitted to meet again under such favorable auspices, for the purpose of scientific communion. It is proper, also, that I should express to you my profound gratification for the honor you have conferred upon me in selecting me as your presiding officer. I regard it as the greatest distinction of my life to have been considered worthy to occupy this position. Some of my predecessors have attained the highest professional eminence, and their fame is the property of the nation. In every instance, they have been men of honor and usefulness, and it is with due appreciation of this fact, that I approach the duties that devolve upon me, and engage in discussing the problems of the hour with no little embarrassment.

The domain of medicine is replete with important themes for discussion, and the advancement in our science has been so great that volume upon volume could be written upon it; but in this connection, I will only claim for its labors, results equal to those of any other department of scientific and practical research. At no time in the history of medicine has the professional mind been more active in delving in the mysteries of nature, or more successful in bringing to light gems of scientific truth from the regions of physiology,

pathology, chemistry and practical medicine. But I think, that every candid and philosophic mind that has studied the history and observed the progress of medical science in the last twenty-five years will be satisfied, without argument on my part, that we have in a remarkable degree combined "earnestness of research into the value of new theories and novel remedies with a wise and cautious reserve as to their adoption and application." We have illustrated the possibility of the union of progress and conservatism, and as students of nature, we stand ready to put under contribution every part of her wide domain and draw from her ample store-house, whatever can add to the happiness, or contribute to the health of mankind. That our profession has been true to its high and noble calling, that it has deeply felt and wisely pondered its responsibilities to itself and its obligations to society, can not be controverted. In looking back over the past quarter of a century and tracing the progress of science, the march of intellect and the triumph of mind over matter, we are lost in amazement and bewildered by the very splendor of the view that meets us on every hand. And in all this progress, in all these splendid triumphs, in all that tends to enoble human nature, to elevate human character, to correct physical evils, and lessen human suffering, our profession has always borne a prominent and leading part.

If the next quarter of a century shall witness in the science of medicine a progress as rapid, discoveries as important, and improvements as striking, as have marked that which we have just left behind us, we shall richly deserve the thanks of the world and the gratitude of posterity.

But I do not care to transgress the rules of the Association; and our Constitution and By-Laws provide, that the annual message of the "President shall be strictly devoted to the discussion of the interests, objects and business of the Association and not to the scientific discussion of some sub-

ject belonging properly to practical medicine or public hygiene considered as departments of human knowledge."

Asking your kind indulgence and patience, I will proceed to review the work of the Association for the past year, and will give you in as brief a way as possible an account of my stewardship.

DUTIES OF THE PRESIDENT.

Page 30 Book of Rules:

Sec. 1. Be it ordained "that in the appointment of the regular reporters authorized by the Constitution of this Association, the President shall in all cases expressly designate the subject upon which each and every reporter is appointed to write."

I consider the enforcement of this article extremely difficult. It does no harm for the president to make every effort in his power to secure papers on subjects designated by him, but, in my opinion, as a rule capable of being enforced, it is impracticable.

SESSIONS OF THE ASSOCIATION.

The By-Laws of the Association fix the hour of convening the session on the first day at 12 m. In some cities, owing to the time of arrival of the trains this hour is early enough; in others, though, I think we should meet as early as 11 a. m. My reasons are, that we do not generally finish the business of the first day before adjournment; that the sessions continue until about 3 p. m., or after, and then many withdraw from the meeting in order to get dinner, frequently leaving but a small attendance to transact important business. The hour for convening the session of the first day was placed at 12, in order to give plenty of time for registration, but if this part of the business was attended to outside of the hall, as I suggest, there would be no necessity for waiting on this account. I consider the gain of an hour, when circumstances will permit, an important gain. Each day has business of

its own, and I think we should make an effort to have the daily program followed in such a way as to secure the completion of the business for each given day. The second day of the session is devoted to the reading and discussion of the regular reports and such miscellaneous business as may arise. I consider that discussion of the regular papers should be the most interesting feature of the meetings, but discussions of the regular papers are rare, and I think in this way we compare most unfavorably with any other medical association I have attended. These papers should be discussed just after being read. The titles are published a year in advance for the sole purpose of giving the members an opportunity to think over them, and the discussions under the circumstances should be full, interesting and instructive. This is not the time, or place, for long or tedious talks, but a general, spirited, and terse discussion would add much to our meetings. In order that these discussions might be promptly started, it would possibly be well for the President to appoint a number of suitable leaders on the various subjects who would serve to stimulate and give movement to the debate. If these papers are not discussed immediately after they are read, they will not be discussed at all. I think that the time could be spent much more profitably discussing regular, than volunteer papers.

The evening session of the second day has hitherto been devoted to the discussion of the law for the collection of vital statistics. The "vital statistics" law is very important. "It is important in itself, in its immediate practical aim, and it is still more important in the influence it is destined to exercise in the future power, prosperity, influence and usefulness of all medical and health organizations."

While the law for the collection of vital statistics is poorly administered in some parts of the State, yet, upon the whole, I think we have cause for congratulation. This is confessedly the most difficult of all laws to administer.

Numerous obstacles stand in the way—notwithstanding we have made much progress, and this through the untiring perseverance of one man. Alabama was selected by Major Billings of the United States Army, and Superintendent of the section of vital statistics in the Eleventh Census, as the State on which he would base a part of his statistical report in the last United States Census, and on October 12th, 1891, Mr. T. L. Hoffman of Richmond, Virginia, who is engaged in the difficult task of obtaining reliable vital statistics of the Southern States for the use of life insurance companies, wrote: "No health reports from any State North or South that have come to my hand possesses as much valuable material as the report of the Alabama Board of Health." This is high praise and indicates what other people think of us.

The technical administration of the medical laws of Alabama has been wisely and systematically executed, and the foregoing testimony is only one among many evidences of their successful application. As I have said before, I repeat, that I have yet to see an organization of medical men whose laws are regulated with more system and order than our own.

It is important that we should exercise a governmental direction over the medical profession of the State, but that function has been so thoroughly established, I think we can now devote more time to the cultivation of the science and art of the practice of medicine. To be candid, I do not think the Medical Association of Alabama has done that amount of scientific work that the world has expected of her. She reigns supreme in the governmental department, but not in the scientific. It would avail nothing to discuss the reasons which have heretofore demanded so much time in the matter of business and routine. "To construct out of the scattered members of our profession a powerful organization, and through this organization to secure concert of action and the prevalence of wise and prudent counsels,"

was a mission which required resolute, systematic work and thorough discipline. The Association could not have executed its plans, or developed its purposes except under the rules of the present organization. But now since our machinery is running smoothly, and the questions to be discussed concerning vital statistics have been gone over so frequently, the evening session of the second day might be more profitably spent in the discussion of medical papers, etc.

The thought comes to me, that it might prove interesting and profitable to have this night session set aside for the exhibition, demonstration and discussion of pathological specimens,—with the report of cases. Many of our members live in remote parts of the country where they do not have opportunities for making post-mortem examinations, or of seeing pathological specimens. If the available material in the cities could be brought together, I am sure this exhibition would result in some good. The practical demonstration of pathological specimens is an important and valuable method of instruction, and one which is neglected in Alabama. If this plan cannot be developed, then I would suggest that the time be spent in the report of cases. These reports would assume a kind of running discussion, which, if freely participated in, might be made very entertaining. In the absence of report of cases, voluntary papers might be called for. As a rule, the voluntary papers extend into the session of the fourth day. This, in my opinion, should not be. The fourth day, or as much as may be necessary, should be devoted entirely to the consideration of executive business. The various official reports, and the election of counsellors, censors and officers is ample business for one day. It is not to the interest of the Association to hasten through the important matters that often come up for action in the closing hours; and the election of officers, counsellors and censors should be more maturely considered. Occasionally the closing hours are accompanied by haste

and confusion and the proper form and ceremony not given to the installation of officers.

REPORT OF TREASURER.

I suggest that the Treasurer be required to report to the Association only the amount received, the amount expended, and his balance; and that he shall read out the names only of such counsellors and county societies as have not paid their dues. The report in detail should then be referred to the Board of Censors, whose duty it is to audit. This will relieve the Society from the unnecessary delay of hearing that Dr. A. had paid five dollars as a delegate and Dr. B. ten dollars as a counsellor; that Autauga County Society had paid ten dollars annual dues, etc. This is all tedious and uninteresting and time-consuming to the general body of the Association.

It frequently happens that the confusion attending the registration and payment of dues leads to a temporary interruption of business and interferes with the good order of the session. I think that this part of the business should be transacted whenever practicable outside of the main hall of meeting, and that a registrar should be appointed for each meeting by the President upon the recommendation of the Secretary and Treasurer, and that this registrar shall assist the Secretary and Treasurer in any other capacity required, and he shall receive such remuneration as the Board of Censors may determine.

SIMPLIFYING THE BUSINESS OF THE FOURTH DAY.

There are many important reasons why the last day's proceedings should in some way be simplified and shortened. It generally happens that Friday's business is completed only by a continuous session, occupying the entire day, and at times extending into the night. Complaints have been made of the length and tediousness of the work at the end

of every session. I believe there exists an unnecessary minuteness in revising the various rolls. My distinguished predecessor has greatly relieved the Association of the repetition and formality that has heretofore attended the revision of the roll of the College of Counsellors and County Societies. There is another report which, I think, could be shortened without interfering with its business objects. I am aware that this report must contain a review of all work done by the Association during the entire year, and that it must touch upon all medical matters both in the counties and State at large, but I still believe it would be more attentively listened to and more thoroughly read if it were not so voluminous. I refer to the report of the Board of Censors. Just how this report can be condensed, I do not at present undertake to say, and I prefer to leave the question for consideration by that honorable board.

FINANCE.

I am sorry to report that during the past summer the Association sustained a heavy financial loss on account of the failure of Moses Bros. of this city. No blame can be laid to either the Treasurer or Board of Censors, however, for this loss, as, prior to their failure, they were considered strong and reliable, and it was not within ordinary foresight to predict their failure. Just after this failure in July, I called a special meeting of the Board of Censors to consider some plan by which the Association would be able to meet its obligations. Six members of the board responded in person to this call, viz: Doctors Cochran, Gaston, Seelye, Sholl, Sanders and DuBose. After a full discussion of the state of affairs, it was resolved to complete the publication of the minutes of the Huntsville meeting, the Register and the Regular Reports, which, up to that time, had been about half printed. The Treasurer was requested to assume the liability of the publication, and he agreed to do so. If it

had not been for this most untimely loss, our surplus funds would have been quite sufficient to have enabled us to purchase a lot upon which to begin the erection of the medical library, museum and home for the State Health Officer; and it is my firm conviction that when our funds shall have accumulated sufficiently to enable us to buy this lot, that the building will be sure to follow.

Article 59 of the Constitution requires that every member of the Association shall pay into the Treasury, the sum of One Dollar per year, which amount shall be collected by the County Societies, and shall be sent up at the time of the annual sessions in charge of their respective delegates, and in return for which he is to receive the Transactions, always worth more than twice the amount.

Many of these societies have been negligent in this important duty. It is manifest to everyone that the Association can utilize with good results every dollar that can be collected. Especially is it important since our recent financial loss, that every member should promptly pay this dollar. The suggestion made in the Book of Rules that this annual fee of one dollar be included in the regular annual dues of the County Societies, is the best plan suggested for the collection of this money. When the societies have no annual fee, let them make one. I cannot realize that any physician in the State, who is a member of any county society, would hesitate to pay one dollar per year to the State Association. The sum in itself, is a trifle to each member, and for this reason, they are apt to forget it, unless some special action is taken either to collect the money, or bring the subject to their attention. In the aggregate, this dollar is a valuable consideration to the Association, and it is an honest obligation which should be promptly met. Just preceding this meeting, I sent a circular letter to each County Society, calling attention to the importance of sending delegates and having this annual fee of one dollar for each member ready.

It might result in some good, if the President or Secretary would every year send a similar circular letter. There is no penalty for not paying these dues, but when the societies are amply able to pay them, and do not, I think a more stringent rule should be adopted to compel them to do so. The Association must have money to carry on its plans and purposes. The more we have, the more we can accomplish. This particular method of raising money, is the most evenly distributed and lightly felt of any plan I know of, and I trust the county societies will give it serious attention.

COUNTY SOCIETIES.

It is deeply to be regretted that a few of our county societies are not doing their work efficiently; especially does this relate to them as Boards of Medical Examiners. The Board of Medical Examiners of a county occupy the most responsible position in the gift of the Society. They should be filled only by the most capable members. A review of some of the papers received by the State Board of Examiners would quickly convince one that some of these boards are very derelict in their duty. The State Board of Examiners is doing good service in endeavoring to bring the County Boards up to a higher standard, but the real remedy may be found only in the moral tone and professional pride and dignity of the physician himself.

Omitting, however, the counties in which this work has been badly carried out, I think there has been a gradual elevation of the standard of qualification.

MEMBERS OF COUNTY SOCIETIES MUST BELONG TO THE SOCIETIES IN THEIR OWN COUNTIES.

Article 61 of section 14, Book of the Rules, reads:

"No one can be admitted or retained as a member of any county society except the society of the county in which he resides."

This is an inflexible rule to which some exceptions might be made. You will admit that it happens sometimes that physicians in one county will desire membership in another county society. I have received a few letters from physicians to whom I had written asking why they were not members of their county societies, stating that they lived very near the place of meeting of the society of the adjoining county and a long distance from the place of meeting of their own county society; that they had been members of the societies of the adjoining county, and that they had been regular in paying their dues and attending the meetings, but that since they had been compelled by the State Association to resign, they had found it impossible to spare the time to ride so far to attend the meetings in their own county. Now, I am aware that there are some reasons why this Article 61 of section 14 should prevail. I am aware, also, that legal complications might arise in the election of boards of health and county health officers, but any trouble in this connection could be easily regulated by special ordinances. I think the wisest policy for this Association to pursue, is, to make the access into the county societies easy to every honorable and respectable physician in the State. We want them all members of the State Association. We want them to feel that they are bearing a part of the responsibility and sharing in the burden of the work which is elevating the dignity and usefulness of the medical profession. We should recognize the importance of bringing every respectable physician in the State into affiliation and good fellowship with us,—even if we should allow a little flexibility in some of our ordinances.

ILLLEGAL DOCTORS.

This term applies to those members of the medical profession in Alabama who have never received certificates to practice medicine from duly authorized boards of medical

examiners, but who escaped the penalty of the statute through technicalities. The number of illegal practitioners in the State on the 1st day of April, 1892, was 58.—See Appendix, Table "D." This is not an absolutely accurate list, but it is as correct as could be made at the time. Furthermore, the number of illegal practitioners gradually lessen as they see the folly of living in opposition to that moral force which is directed against all physicians who live outside of the pale of professional courtesy. In my mind, there can be no question that all illegal practitioners under the present acceptation of the term, are clearly ineligible for membership in all regularly constituted medical societies and ineligible as consultants with the members of these societies. They are also debarred the privilege of collecting fees through a due process of law. I can not conceive how any man who has the least spark of pride in his profession, or any feeling of manliness in his breast, can be content to rest under the shadow that must overhang every illegal doctor. I call upon them to come from with-under this cloud. Stand your examinations, I say, and if you fail, go to work like men and prepare yourselves so that you *can* pass. Then you may live in full accord and harmony with the laws of the land, and in an honorable manner seek that professional courtesy which is due every dignified and useful physician. The community will respect you more, and you will the more respect yourself.

REPORT OF CONTAGIOUS DISEASES.

Section 1282 of the Civil Code of the State of Alabama, reads:

"It is the duty of every physician, attending or treating any case of pestilential or infectious diseases within such time as may be prescribed by the county board of health, to make full report thereof to the county health officer, specifying the name of the patient, locality, &c."

I know of no medical law more useful to the public welfare, and yet I am ashamed to say that I know of no law which is so inadequately and irregularly enforced. The supervision of the public health and the guarding of the community against the invasion of contagious diseases is one of the most serious responsibilities of the county boards of health. Yet through professional jealousies, or fear of wounding the patient's family or friends, the law requiring physicians to immediately report all cases of contagious or infectious diseases, becomes in some localities inoperative. This Association should insist on this rule being enforced by the local boards of health, and it would be well for these boards, whenever there is danger of an outbreak of contagious or infectious diseases, to issue letters of instruction to the public, telling how "infection may be avoided or prevented, and the management of cases already infected, and the limiting of the progress of the epidemic." The lives of hundreds of children might be saved yearly if mothers and fathers understood how and when to enforce home quarantine in cases of diptheria, scarlet fever, etc. Then again, the county boards of health could more efficiently exercise that important supervision over the alms houses, jails, public schools, etc., reporting the conditions to the proper county officials. In this way, the people would become impressed with the importance of sanitary regulation and would demand the proper financial support for the county health officers. The public must see the result of the work, and when they realize that something has been accomplished, they seldom fail to acknowledge it in the manner desired.

If the county boards of health wish the county commissioners to grant a reasonable remuneration for their sanitary supervision, they must perform the proper services and manifest some interest in investigating the sanitary conditions and management of such public institutions as properly come under their supervision. There are many ways in

which county boards of health may be useful, and it behooves them to study carefully the public needs. This they cannot do unless they meet oftener and examine and discuss the medical matters of the county requiring their attention.

I think it would be to the interest of all, if the city and county health officers could be combined. In some counties in which there are large towns and cities, there is a health officer for the city and a health officer for the county. If these two offices could be combined, it would frequently result in securing a more efficient officer on account of increased remuneration.

DELEGATES.

It is the duty of delegates to be in attendance upon the sessions as regularly as possible and be prepared to make such reports concerning the condition of their societies as may be required under the rules of this Association. Delegates are frequently careless about their duties, and besides attending the sessions of the Association very irregularly they leave for home before the reports of the county societies are called for. Furthermore, it is important that the delegate should attend regularly the various sessions in order that he may be able to give an intelligent account of the meeting to his society on his return. The county societies can keep in harmony with the general work of the Association if their delegates will take the trouble to give them a full account of the proceedings of the meetings.

WHAT THE ASSOCIATION HAS ACCOMPLISHED.

Have you ever reflected over the wonderful growth of this Association, and what it has accomplished? If not, let us go back to the third day of March, 1868, in that beautiful old city of Selma, when there met in the hall of the Chamber of Commerce, pursuant to a call issued by the Selma, Greensboro, Mobile and Montgomery Medical Societies, just twenty physicians. A civil war had brooded over

the country since last it met and death had sadly thinned the ranks of its members. Among those present, there were only six who had belonged to the Association before this devastation of sorrow and trouble had broken its meetings. But they, with the handful around them set out by affirming, that, "We, the members of the Medical Association of the State of Alabama, here assembled, do revive, and re-establish said Association, and invite the physicians present who are not members to join us in so doing, and to become members of the Association." Nominations for the various offices were made and the officers elected. A committee of five was then appointed to revise the Constitution and By-Laws and report such modifications and amendments as might be required.

Right here began the development of the plan which has made the Medical Association of the State of Alabama the pride of every just thinking medical man in the State, and an honor and glory to the profession. Its general plans and methods have been emulated by some and admired by all similar state organizations. In reviewing the history and work of this Association, we are necessarily reviewing the history of one of its most useful and eminent members, (Jerome Cochran). It is admitted, that through the chairman of this Committee on Revision of Constitution and By-Laws came the suggestion of those plans which have increased the usefulness and power, strengthened the dignity and influence, and developed the system and order of this Association. Passing from chairman of the Committee on Revision of the Constitution, he became secretary; working in this capacity for a number of years, he applied all the forces of his nature to the development of this great plan. Gradually the Association broadened and widened into prominence and greatness; important and useful functions were granted it by the law-makers of the State. A general was needed to organize a corps for the administra-

tion of these laws and to supervise their application and enforcement. The man who had laboriously, persistently and untiringly builded the Association, step by step, to a position where it was able to undertake the administration of the laws entrusted to it, was the only man to place at its head. Gratefully and gladly was the Secretary elevated into a more important position and great has been the reward reaped by this promotion. I hope you will pardon the personality of this allusion, but I feel that this retrospect would not be a faithful review were I not to dwell upon the work of one man. Look back through whatever vista you will, but you must recognize the value and usefulness of that invincible old guardian who watches with untiring zeal and energy and self-sacrificing devotion, every action, yea. every breath of this Association. It is his development, and I feel that I do not take one tittle of praise from those honorable and dignified physicians who have rendered much valuable assistance to the old watch-guard on the tower, and I believe they would not have me say less, when I proclaim this Association *his monument.* A monument not builded of brass or marble, but builded of useful labor, founded in the minds and hearts of his professional co-workers, and I believe of an appreciative people.

Let us now examine the record to see just what has been accomplished by the Association under its present plan of working in the last twelve years. I select the last twelve years as a basis upon which to formulate my tables, because this period covers the time during which the Association has had the administration of important laws granted it by the General Assembly.

Table in Appendix marked "A," is a complete (it may not be absolutely correct) summary of the work done by both the County and State Board of Medical Examiners from 1879 to 1891.

I shall dwell in this connection only upon the work of the Association as a board of medical examiners.

MEDICAL EDUCATION.

Our boards of medical examiners, operating under rules and regulations of the Medical Association of the State of Alabama, are the only safeguards of the community against the impositions of ignorance, stupidity and recklessness. It is perfectly proper that the State should demand a test of medical qualification. Engineers and pilots have to undergo careful and thorough examinations in order to satisfy the government and the people that they are competent to perform the duties intrusted to them. Why then should not doctors be examined? Certainly an ignorant physician is far more dangerous than either an incompetent engineer or pilot. In fact there is no profession or trade in which one can more completely disguise and conceal his ignorance than in medicine. I feel I cannot express the conditions incident to these circumstances more forcibly than to quote the language of my uncle, Dr. W. O. Baldwin, in his presidential address before the American Medical Association in New Orleans, in 1869, on Medical Education: "Next to the minister of the gospel, the physician appeals to the sentiments of the public mind, and particularly to those sympathies which are least inclined to make close examinations of pretensions. The atmosphere in which he moves is adverse to keen criticism, the circumstances of anxiety, and of sorrow, as well as the feeling of dependence under which his professional skill is sought, indispose families to scrutinize his ability, and he is usually accepted with implicit reliance. Society has no redress at the hands of physicians themselves, since their lips are sealed as to censuring comments on the practice of their professional brethren. Two physicians may receive diplomas from the same or different colleges—one may be highly intelligent, the other grossly ignorant. Yet they stand before the community as equally learned and equally authoritative. Through a pleasing and artful address, the ignorant brother may outstrip his more

competent rival in acquiring the confidence of the community. The latter may witness daily the gross and even fatal blindness of the former, yet, under the creed of common courtesy recognized by society, as well as the Code established by ourselves, it would be unwise for him to attempt to expose the ignorant and weaker brother." Here comes in the majesty of the law executed by this Association and says, that your homes, your tenderest sentiments, your social happiness, and earthly well being *shall* be protected against the evil work of ignorance, and if the medical colleges will not shield you from the mischief of empty brains, we will intervene and demand a better preparation. The Medical Association of the State of Alabama to-day is doing more to elevate the standard of medical qualification than all the medical colleges in America (with but few exceptions); and I propose to substantiate this statement by reciting the fact that ninety-eight and one-half per cent. of the applicants before the county boards for license to practice medicine were college graduates. Only two of the 88 rejected were non-graduates. It must be admitted, however, that some of our county boards of medical examiners are careless and negligent in their duties, but I am confident they will improve in the course of time. The class of doctors that have been admitted into practice in this State for the past twelve years have possessed better qualifications, and we will reap the benefit of this leaven more and more every year. I cannot refrain, under this head, from calling attention to the county of Jefferson. From 1878 to April 1891 there have been examined in Jefferson county ninety-six applicants for license to practice medicine. Out of this number twenty-eight have been refused certificates, or 29.07 per cent. Some who are disposed to sneer might say that this was done to keep the overflow of doctors out of Birmingham and Jefferson county. I deny this imputation. Those who know the members of the Jefferson County Board personally,

would not for one moment impugn or question their motives. I know that their examinations have been conducted impartially and with fairness and justice to all. An elevated and dignified interest has inspired them to act not only with justice, but without fear in doing their conscientious duty to their society and to the people of their community. I hold up the Jefferson County Board as worthy of emulation, and as deserving the greatest praise.

MEDICAL COLLEGES.

The subject of the education of doctors is one of the important problems that this Association has to deal with. From economical and other reasons, most of the applicants in this State for the practice of medicine are graduates of Southern medical colleges. Now, on this subject of colleges, I am going to talk plainly.

It is to be regretted that the position of most of the Southern and Western medical schools is not at all creditable to the profession or the cause of medical education. Their standard of graduation is low, the preliminary requirements amount to nothing, and the time for instruction is entirely too short. The argument of the Southern and Western colleges is, that they cannot afford to lengthen the time and require three courses of lectures, because they would lose their students. Better by far lose every student than to manufacture incompetent doctors and turn them out to prey on the weak and innocent. If all the colleges would agree to demand a three years course, however, they would lose none of their attendance.

All of the Eastern and a few of the Western colleges have lately entered into a compact to make the course three years and require preliminary examinations.

Why cannot our Southern schools do likewise? I think it is the duty of this Association to reiterate every year its firm conviction in the necessity for higher medical education,

and to exert its influence to persuade all Southern schools, at least, to adopt the three years course with preliminary examinations. The law of Minnesota requires that all applicants for license to practice medicine shall have attended three courses of lectures of at least six months each before they are even eligible for examination. This is a commendable move to elevate the doctor in the West and give the people better medical services. The reasons for higher medical education are too vast and potent to demand any explanation or defense in this day, and the time is coming, and that very soon, when the people will force these low standard schools to a higher plane, or reject the products of their teaching as unworthy of confidence and unfit to receive the sanction of license to practice. I submit a table showing the number of graduates of the Northern, Southern and Western medical colleges who have been examined in Alabama since 1878.—See Appendix "C."

THE COLOR BLIND LAW.

The Color Blind Law is in a very unsatisfactory condition. Quite a large number of examiners are now working under the operations of the law, and examinations are made under varying degrees of accuracy and correctness. The standard of qualification which is plainly defined by law is not uniformly upheld or enforced by the examiners; so that an applicant who fails to get a certificate through defects of vision or color perception may appeal from one examiner to another, and so on, until finally he may secure a certificate. Of course in such cases the law is rendered inoperative.

The Board of Censors are powerless under the law, as at present constituted, to control the examiners in their relations to each other, and to enforce an equal and uniform administration of the law. Unless, therefore, the statute can be amended so as to bring the examiners under systematic regulation, I think it would be best to ask for its repeal.

The law is a good one and should prevail, but under the present conditions of its enforcement, it falls short of what it was intended to accomplish. If it is decided to ask the General Assembly for the desired amendments, I think examinations for defective hearing should also be embraced in the bill. It is quite as important to ascertain whether railroad employees hear well, as it is that they see well.

That clause of the statute which refers to re-examinations every five years, in my opinion, will not stand the test of enforcement. I believe it would be an unnecessary burden both upon the railroad companies and the employees; and so far as my knowledge upon the subject extends, re-examinations in so short a time are unwarranted, and, upon the whole, useless. It would be unwise, in my opinion, to attempt to enforce this feature of the law, and I think in revising the act this clause should be eliminated.

FIRST VICE-PRESIDENT.

The first Vice-President has rendered valuable service to the Association. He has notified me monthly of the work he has been doing, and I am glad to state that he has labored faithfully, conscientiously and persistently the entire year to strengthen the Association in his territory. He has several times left his home and his private business to visit distant counties for the purpose of awakening the profession to the importance of medical organization, and in a number of instances, he has accomplished much good in stimulating the members into renewed activity in county society matters. I know that he has not spared time or expense in endeavoring to do his duty.

SECOND VICE-PRESIDENT.

I am sorry to state that the second Vice-President has been prevented by serious personal sickness, and family affliction, from doing that work which he would otherwise have gladly and willingly done.

APPOINTMENTS.

By the power in me vested through the Constitution and By-Laws, I have made during the year the following appointments: As Censors to fill vacancies until the meeting of the Association, Drs. W. H. Sanders and Charles Whelan. As a member of the Publishing Committee, Dr. J. R. Jordan.

IN MEMORIAM.

Job Sobieski Weatherly, M. D., was born in South Carolina on the 26th day of July, 1828. He read medicine with Dr. McLeod of that State and graduated from the Medical Department of the University of the City of New York in 1851. He first located at Adairsville, Ga., but after practicing there for a short time he moved to Palmetto, Ga. In 1857 he came to Montgomery to live, where he practiced to the time of his death. Dr. Weatherly was elected to the College of Counsellors in 1874, and President of the Medical Association of the State of Alabama the same year. He had also been President of the Medical and Surgical Society of Montgomery county several times. He was Vice-President of the American Medical Association; first President of the Rocky Mountain Medical Association, and for many years a member of the State Board of Health. While in health, he contributed quite frequently to the literature of the profession. Among his valuable papers are the following: "Glossitis;" "Puerperal Convulsions;" "Polypoid Tumors of the Uterus;" "Diabetes;" "The Opium Habit;" "Medical Education;" "Woman;" "Hemorrhagic Malarial Fever;" "Diseases of the Cervix Uteri;" "Syphilis;" "Quarantine against Yellow Fever."

Dr. Weatherly was a successful man, and on his return to this city after the civil war, he did a large and lucrative practice. When in health, he was a man of great energy, and no doctor ever watched his practice more unremittingly

or attended his patients more carefully and unselfishly than Dr. Weatherly. For this reason his patients were strongly attached to him, and many of them had no other physician to attend them for thirty years. But some ten years previous to his death, disease laid its heavy hand upon him and his last days were spent in great suffering. He loved the Association, and in 1878 rendered valuable service in assisting towards the enactment of the law to regulate the practice of medicine and other important medical legislation.

All honor to his memory, and may his soul rest in peace.

"IN MEMORIAM."

John Jefferson Dement, M. D., was born May 13th, 1830, in Madison county, Alabama, and was a son of John and Celia W. (Lowe) Dement. The early death of his father required him to remain on the farm where he was reared. At the age of twenty he began the study of medicine at Meridianville, Alabama, under the direction of Dr. G. A. Wyche. He took his first course of lectures at Louisville in the winter of 1851–2. The following year he went to Philadelphia, and was graduated from the medical department of the University of Pennsylvania in 1853. He then located at Meridianville, Alabama, where he practiced with success until 1862, when he was commissioned surgeon in the Confederate Army, and was assigned to the 27th Alabama Regiment. He served with this regiment until the surrender of Fort Donelson, when he was sent a prisoner to Camp Chase, and later to Johnson's Island. He was released in June, 1862. In August, 1862, Dr. Dement was assigned to the 49th Georgia Regiment, at Gordonsville, Virginia, under General Jackson, and remained with this regiment until it surrendered at Appomattox. During this time he was surgeon of Gen. Ed. L. Thomas's brigade, and was in all the battles in which his brigade participated.

After the war he went to Huntsville, Alabama, where he

practiced his profession till a few weeks prior to his death, when he went to Lithia Springs, Georgia, in the hope of restoring his shattered health. Seeing these waters were of no avail to him, he decided to return home. His trunk was packed and he had bidden some friends adieu, and while sitting on the hotel veranda in conversation with acquaintances, death came, and in a few short moments he breathed his last. This was on the morning of August 10th, 1891. The sad news flashed over the wires to his family and friends and all Huntsville was in mourning. The great concourse and lengthy procession that followed his remains to their last resting place told plainly that a popular and useful man had passed away.

He was for a few years a member of the American Medical Association, and also a member of the American Public Health Association; president of the Board of Trustees of the Huntsville Female College; member of the Board of Trustees of the Vanderbilt University of Nashville, Tennessee; member of the Board of Trustees of the Alabama Insane Asylum at Tuscaloosa, and was surgeon general of the State of Alabama for eight years. He was president of the Medical Association of the State of Alabama, and a member of the Board of Censors from its organization. His prudent counsel was sought when the interest of the Association was endangered, and his advice was always timely and wise. He was a useful citizen, a competent physician, and a true and faithful friend.

"IN MEMORIAM."

A. M. McWhorter, M. D., was born in Carroll county, Georgia, May 11th, 1828. He remained in that county until he reached his maturity. When twenty-five years of age he began the study of medicine, and graduated at the Atlanta Medical College in 1857. The following year he located at Gaylesville, Cherokee county, Alabama, and began the practice of medicine.

He was one of the organizers of the Cherokee County Medical Society, and its first delegate to the State Association. In 1887 he was elected to the College of Counsellors, and in the same year he was elected county health officer.

When the late war came to a close, the people of Cherokee were left in a very destitute condition, and were unable to pay for medical attention. This did not deprive them, however, of the services of Dr. McWhorter. He, also, was without means, and he could not even buy a horse, but he walked through the country and did all in his power to relieve his people. He was charitable and generous,—and on the 3d of March, when he breathed his last, the Medical Society of the County of Cherokee, and the Medical Association of the State, lost a valuable member.

The old guard is passing away. The names and faces that will be most prominent on occasions like this, in a few years will be those of a newer generation, but this thought only brings us nearer to the realization of the tremendous responsibilities which we cannot escape. Let us then accept the obligations of the hour and acknowledge this time as an opportunity in which we can awaken to a deeper interest, renew our fealty, and pledge our earnest co-operation in that work which shall best develop the great and beneficent end we are striving to accomplish. The advancement of our Association depends upon the life and action of its individual aggressive forces. The future is glistening with glorious possibilities; let us act so as to secure its richest rewards. Concert of action, harmony of feeling, and unity of purpose will win for us a magnificent victory and make us triumphant in years to come.

"It was the boast of Augustus, that arch traitor to the liberties of his country "that he found Rome of brick and left it of marble;" and of Bonaparte, "that he found France without law and left it the Code of Napoleon," a monument to his matchless ability, before which the splendid triumphs

of Austerlitz and Marengo sink into comparative insignificance."

How much nobler might be the boast of the Medical Association of the State of Alabama when, in future years, we shall be able to say: Though we found the profession in this State the prey of the charlatan and empiric, we left it distinguished by science; we found it chaotic and discordant, we left it organized and harmonious; we found it with the education of its members too much neglected, we left it with medical schools of the highest character and physicians in the foremost rank of science and learning; we found it without its due weight or influence in society, we left it honored by the rich and sustained by the blessings of the poor.

APPENDIX.

TABLE "A."

NAMES OF COUNTIES	Number of Regular Physicians in the County in 1891.	Number of Physicians members of Society in 1891.	Number of Physicians not members of Society in 1891.	Illegal Practitioners in the County in 1891.	Homeopathic Physicians in the County in 1891.	Eclectic Physicians in the County in 1891.	Number of Physicians Examined since 1878.	Number of Physicians Rejected since 1878.
Autauga	12	7	5	1	.....	(grad-	1	.....
Baldwin	8	5	3	.....	.....	uates)	2	.....
Barbour	29	14	15	.....	.....	.....	16	5
Bibb	16	8	8	.....	1	1	4	.....
Blount	24	11	13	.....	.....	1	15	.....
Bullock	22	20	2	.....	.....	.....	6	.....
Butler	26	22	4	.....	.....	2	14	.....
Calhoun	48	35	13	1	1	1	23	4
Chambers	23	15	8	4	.....	1	5	.....
Cherokee	32	10	22	1	1	1	5	1
Chilton	19	10	9	1	.....	.....	1	.....
Choctaw	22	17	5	.....	.....	.....	12	1
Clarke	24	16	8	.....	.....	.....	7	.....
Clay	20	18	2	.....	.....	.....	4	.....
Cleburne	20	11	9	.....	.....	3	2	.....
Coffee	14	9	5	.....	.....	.....	2	.....
Colbert	24	15	9	.....	.....	.....	3	.....
Conecuh	12	9	3	.....	.....	.....	3	.....
Coosa	19	13	6	.....	.....	.....	6	.....
Covington	11	5	6	.....	.....	.....	6	.....
Crenshaw	15	10	5	4	.....	2	5	1
Cullman	16	10	6	1	1	2	3	.....
Dale	24	16	8	2	.....	2	4	1
Dallas	40	21	19	.....	.....	.....	9	2
DeKalb	33	13	20	.....	.....	1	18	3
Elmore	23	18	5	.....	.....	.....	.....	.....
Escambia	9	8	1	1	.....	.....	1	.....
Etowah	33	24	9	2	2	.....	21	4
Fayette	15	15	0	.....	.....	.....	6	.....
Franklin	19	14	5	2	.....	.....	.....	.....
Geneva	14	13	1	.....	.....	.....	.....	.....
Greene	19	10	9	.....	.....	.....	9	.....
Hale	21	13	8	.....	.....	.....	6	1
Henry	24	17	7	2	.....	.....	5	1
Jackson	36	13	23	1	.....	.....	7	1
Jefferson	170	70	100	1	2	.....	96	28
Lamar	19	6	13	2	.....	.....	.....	.....
Lauderdale	36	15	21	4	.....	.....	5	.....
Lawrence	33	20	13	.....	1	.....	4	.....
Lee	19	8	11	.....	.....	2	7	1
Limestone	24	9	15	.....	1	.....	13	.....

APPENDIX.

TABLE "A."—Continued.

NAMES OF COUNTIES	Number of Regular Physicians in the County in 1891.	Number of Physicians members of Society in 1891.	Number of Physicians not members of Society in 1891.	Illegal Practitioners in the County in 1891.	Homeopathic Physicians in the County in 1891.	Eclectic Physicians in the County in 1891.	Number of Physicians Examined since 1878.	Number of Physicians Rejected since 1878.
Lowndes	28	22	6	1	.....	.....	19	2
Macon	18	11	7	.....	.....	.....	7	.....
Madison	39	20	19	.....	.....	.....	19	5
Marengo	38	12	26	4	.....	.....	15	2
Marion	18	11	7	1	.....	.....	6	1
Marshall	16	8	8	.....	1	.....	.....	.....
Mobile	48	29	19	6	3	.....	31	3
Monroe	18	12	6	.....	.....	2	5	.....
Montgomery	54	26	28	1	1	.....	17	3
Morgan	43	25	18	1	2	.....	24	2
Perry	26	16	10	.....	.....	.....	4	.....
Pickens	26	18	8	.....	.....	.....	14	.....
Pike	27	14	13	3	.....	1	15	3
Randolph	22	20	2	1	.....	1	11	.....
Russell	17	9	8	1	.....	.....	1	.....
Shelby	31	22	9	3	.....	.....	18	1
St. Clair	20	14	6	.....	.....	.....	15	5
Sumter	21	16	5	.....	.....	.....	11	.....
Talladega	34	20	14	1	.....	.....	8	3
Tallapoosa	24	19	5	1	.....	.....	14	1
Tuscaloosa	35	22	13	.....	.....	.....	16	1
Walker	23	16	7	1	.....	.....	9	1
Washington	8	7	1	2	.....	.....	.....	.....
Wilcox	34	30	4	.....	.....	.....	15	1
Winston	10	6	4	2	.....	.....	3	.....
	1,745	1,038	707	58	18	19	653	88

RECAPITULATION OF TABLE "A."

Whole number of Regular Physicians in State in 1891	1,745
Whole number of Physicians members of the County Medical Societies in 1891	1,038
Whole number not members of the County Medical Societies in 1891	707
Whole number of Illegal Doctors in State in 1891	58
Whole number of Homeopathic Physicians in the State in 1891.	18
Whole number of Eclectic Physicians in the State in 1891 (graduates)	19
Whole number of Homeopathic Physicians members of the County Medical Societies	3
Whole number of Eclectic Physicians members of the County Medical Societies (graduates)	8
Whole number of Physicians examined since 1878	653
Whole number of Physicians rejected since 1878	88
Percentage of Rejections	13.47

The aggregate numbers of the different columns of Table "A" do not tally with the aggregate numbers in the different columns of Table "C," for the reason that Table "A" was brought up to October, 1891, while Table "C" includes only three months of 1891.

TABLE "B."

EXAMINATIONS BY STATE BOARD.

		GRADUATES.		NON-GRADUATES	
	No. Ex.	Passed.	Rejected.	Passed.	Rejected.
1878	1	0	0	1	0
1879	9	0	0	1	8
1880	10	0	0	1	9
1881	0	0	0	0	0
1882	1	0	0	0	1
1883	0	0	0	0	0
1884	0	0	0	0	0
1885	0	0	0	0	0
1886	6	4	1	1	0
1887	4	1	2	0	1
1888	2	0	0	0	2
1889	3	1	1	0	1
1890	2	1	1	0	0
1891	6	2	3	0	1
	44	9	8	4	23

Whole number examined.....44
Whole number rejected.....31 Passed..13
Percentage of rejections.....70.45
Whole number of graduates.....17
Whole number passed..... 9
Whole number rejected..... 8
Percentage of rejections of graduates.....41.16
Whole number of non-graduates.....27
Whole number passed..... 4
Whole number rejected.....23
Percentage of rejections non-graduates.....85.18

TABLE "C."

SOUTHERN.	APPLIED.	GRANTED.	REJECTED.
University of Nashville	14	13	1
Vanderbilt University	92	88	4
Meharry Medical College (Nashville)	5	2	3
Memphis Hospital Medical College	10	8	2
University of Louisville	18	14	4
Kentucky School of Med. (Louisville)	16	15	1
Louisville Medical College	26	20	6
Louisville Hospital Medical College	4	4	0
Central University (Nashville)	1	0	1
Transylvania University (Lexington)	6	5	1
Georgia Medical College (Augusta)	8	6	2
Atlanta Medical College	42	28	14
Southern Medical College (Atlanta)	20	17	3
Georgia Eclectic Col. Reform (Atlanta)	10	6	4
Savannah Medical College	1	1	0
Alabama Medical College (Mobile)	122	115	7
University of Louisiana-Tulane (N. O.)	25	25	0
Virginia Medical College (Richmond)	7	7	0
University of Virginia (Charl'ttesville)	13	13	0
University of Maryland (Baltimore)	10	9	1
Baltimore Medical College	1	0	1
Physicians and Surgeons of Baltimore	13	12	1
Washington University	1	1	0
Howard University (Washington)	6	2	4
University of Tennessee (Nashville)	30	25	5
South Carolina Med. Col. (Charleston)	6	5	1
	507	441	66
WESTERN.			
Missouri Medical College (St. Louis)	2	2	0
St. Louis Medical College	3	3	0
St. Louis Medical College (Eclectic)	1	1	0
University of Kansas City	1	1	0
Columbus Medical College (Ohio)	3	2	1
Cincinnati Medical College	1	1	0
Cincinnati Medical College (Eclectic)	2	0	2
Pulte Medical College (Cincinnati)	4	4	0
Miami Medical College (Cincinnati)	7	7	0
Rush Medical College (Chicago)	4	3	1
Hahnemann Medical College (Chicago)	3	1	2
Detroit Medical College	1	0	1
University of Michigan (Ann Arbor)	2	2	0
Hospital Medical Col. (Cleveland, O.)	1	1	0
Western Medical College	1	1	0
	36	29	7

TABLE "C."—Continued.

NORTHERN.	APPLIED.	GRANTED.	REJECTED.
University of Buffalo	1	1	0
Albany Medical College	1	1	0
Syracuse Medical College	1	0	1
Long Island Hospital (Brooklyn)	1	1	0
Physicians and Surgeons of New York.	6	6	0
University of New York	13	13	0
Bellevue Hospital Medical Col. (N. Y.)	12	12	0
Hahnemann Medical College (Penn.)	3	1	2
Jefferson Medical College (Phila.)	18	15	3
University of Pennsylvania (Phila.)	10	10	0
University of Vermont	2	2	0
Harvard University	3	3	0
Hospital College of Boston	1	0	1
Boston University of Medicine	1	1	0
Charity Hospital College (New York).	1	1	0
	74	67	7
Foreign	5	5	0
Non-graduates	7	5	2
Unknown	18	12	6
	30	22	8

RECAPITULATION OF TABLE "C."

Whole number applied	647
Whole number granted	559
Whole number rejected	88
Percentage of rejections	13.50
Percentage of rejections of graduates Western Med. Colleges	19.40
Percentage of rejections of graduates Southern Med. Colleges	13.01
Percentage of rejections of graduates Northern Med. Colleges	9.45
Percentage of rejections of non-graduates	2.85
Percentage of rejections of graduates (college unknown)	33.03
Percentage of rejections of foreign graduates	0

TABLE "D."

ILLEGAL DOCTORS.

Autauga	1 (?)	Baldwin	0
Barbour	0	Blount	0
Bibb	0	Bullock	0
Butler	0	Calhoun	1
Chambers	4	Cherokee	1
Chilton	1	Choctaw	0
Clarke	0	Clay	0
Cleburne	0	Coffee	0
Colbert	0	Conecuh	0
Coosa	0	Covington	0
Crenshaw	4	Cullman	1
Dale	2	Dallas	0
DeKalb	0	Escambia	1
Elmore	0	Etowah	2
Fayette	0	Franklin	2
Geneva	0	Greene	0
Hale	0	Henry	2
Jackson	1	Jefferson	1
Lamar	2	Lauderdale	4
Lawrence	0	Lee	0
Limestone	0	Lowndes	1
Macon	0	Madison	0
Marengo	4	Marion	1
Marshall	0	Mobile	6
Monroe	0	Montgomery	1
Morgan	1	Perry	0
Pickens	0	Pike	3
Randolph	1	Russell	1
Shelby	3	St. Clair	0
Sumter	0	Talladega	1
Tallapoosa	1	Tuskaloosa	0
Walker	1	Washington	2
Wilcox	0	Winston	2

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